

<i>SERFF Tracking Number:</i>	<i>DLSN-125551617</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Delos Insurance Company (FKA Sirius America Insurance Company)</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>DE-CWI-AR-08-1RA</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>CW IM</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Delos Insurance Company (FKA Sirius America Insurance Company)

Product Name: CW IM	SERFF Tr Num: DLSN-125551617	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: DE-CWI-AR-08-1RA	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: David Gartland, Eneildaliz Noboa	Disposition Date: 06/23/2008
	Date Submitted: 06/20/2008	Disposition Status: Exempt from Review
Effective Date Requested (New): On Approval		Effective Date (New): 06/23/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/23/2008

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/23/2008	
State Status Changed: 06/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Delos Insurance Company has authorized ISO to file their Commercial Inland Marine forms & rules on our behalf in this state. At this time we are adopting the latest ISO Loss Cost along with our 1.60 Loss Cost Multiplier (LCM).

SERFF Tracking Number: DLSN-125551617 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-CWI-AR-08-1RA

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CW IM

Project Name/Number: /

Company and Contact

Filing Contact Information

David Gartland, Vice President dgartland@delosinsurance.com
 120 West 45th Street (212) 702-3712 [Phone]
 New York, NY 08852 (212) 302-9279[FAX]

Filing Company Information

Delos Insurance Company (FKA Sirius America CoCode: 35408 State of Domicile: Delaware
 Insurance Company)
 120 West 45th Street Group Code: 4381 Company Type: Property &
 New York, NY 08852 Group Name: Lightyear Delos Casualty
 (212) 702-3712 ext. [Phone] Group State ID Number:
 FEIN Number: 13-2930697

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$100 for each rate filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delos Insurance Company (FKA Sirius America Insurance Company)	\$100.00	06/20/2008	21012975

SERFF Tracking Number: DLSN-125551617 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	06/23/2008	06/23/2008

SERFF Tracking Number: *DLSN-125551617* *State:* *Arkansas*
Filing Company: *Delos Insurance Company (FKA Sirius America Insurance Company)* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *DE-CWI-AR-08-1RA*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *CW IM*
Project Name/Number: */*

Disposition

Disposition Date: 06/23/2008

Effective Date (New): 06/23/2008

Effective Date (Renewal): 06/23/2008

Status: Exempt from Review

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rates/rules filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125551617 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-CWI-AR-08-1RA

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CW IM

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form UT	Accepted for Informational Purposes	Yes
Supporting Document	Form RF-1	Accepted for Informational Purposes	Yes
Supporting Document	Form RF-2	Accepted for Informational Purposes	Yes
Supporting Document	Actuarial Support	Accepted for Informational Purposes	Yes
Rate	ISO Handbook Filing	Accepted for Informational Purposes	Yes
Rate	ISO Filed Inland Marine Classes	Accepted for Informational Purposes	Yes

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<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>CW IM</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: DLSN-125551617 State: Arkansas

Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100

Company Tracking Number: DE-CWI-AR-08-1RA

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: CW IM

Project Name/Number: /

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
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Accepted for Informational Purposes	ISO Handbook Filing	CM-2007-IMHB2	New	
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Accepted for Informational Purposes	ISO Filed Inland Marine Classes	CM-2006-RLA1	New	
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SERFF Tracking Number: DLSN-125551617 State: Arkansas
Filing Company: Delos Insurance Company (FKA Sirius America Insurance Company) State Tracking Number: EFT \$100
Company Tracking Number: DE-CWI-AR-08-1RA
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CW IM
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Supporting Document Schedules

Satisfied -Name: Form UT	Review Status: Accepted for Informational Purposes 06/23/2008
Comments: See Attached.	
Attachment: DE-CWI-AR-08-1RA transmittal doc..pdf	
Satisfied -Name: Form RF-1	Review Status: Accepted for Informational Purposes 06/23/2008
Comments: See Attached.	
Attachment: DE-CWI-AR-08-1RA form RF-1.pdf	
Satisfied -Name: Form RF-2	Review Status: Accepted for Informational Purposes 06/23/2008
Comments: See Attached.	
Attachment: DE-CWI-AR-08-1RA from RF2.pdf	
Satisfied -Name: Actuarial Support	Review Status: Accepted for Informational Purposes 06/23/2008
Comments:	
Attachment: Inland Actuarial Memo.pdf	

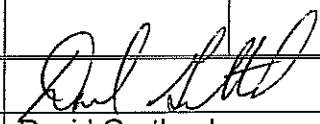
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Lightyear Delos Group				Group NAIC #	4381
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Delos Insurance Company	Delaware	35408	13-2930697	4612P		

5. Company Tracking Number	DE-CWI-AR -08-1RA
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
David Gartland 120 West 45 th St. 36 th FL New York, NY 10036	Vice President	212-702-3712	212-302-9279	Dgartland@delosinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		David Gartland		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal:
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CM-2007-IMHB2, CM-2006-RLA1
18. Company's Date of Filing	06/16/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	DE-CWI-AR-08-1RA
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Delos Insurance Company has authorized ISO to file their commercial inland marine rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$100.00	
\$100 for each rate filing	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking # DE-CWL-AR-08-1RA

2. This filing corresponds to form filing number
(Company tracking number of form filing, if applicable)

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) File & Use

4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Delos Insurance Company	0.0%	0.0%	\$0.00	0	\$0.00	0.0%	0.0%

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	n/a	
5c	Effect of Rate Filing – Written premium change for this program	n/a	
5d	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	ISO Handbook Filing Designation # CM-2007-IMHB2	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	ISO Filed Inland Marine Classes Designation # CM-2006-RLA1	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	DE-CWL-AR-08-1RA
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	ISO CM-2007-IMHB2, CM-2006-RLA1
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Company Name		Company NAIC Number	
3. A.	Delos Insurance Company	B.	35408

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	9.0 Inland Marine	B.	9.0005 Other Commercial Inland Marine

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Inland Marine	0.0	0.0	62.50%	1.00	1.60	n/a	n/a new program
TOTAL OVERALL EFFECT							

6. 5 Year History		Rate Change History					
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
2007	0	0.0	n/a	000	000	0.0	0.0
2006	0	0.0	n/a	000	000	0.0	0.0
2005	0	0.0	n/a	000	000	0.0	0.0
2004	Varies	n/a	n/a	1,362,296	(31,411)	(2.3)	(2.3)
2003	Varies	n/a	n/a	21,687,615	12,0006,358	55.4	5.5

7.	
Expense Constants	Selected Provisions
A. Total Production Expense	24.0
B. General Expense	6.5
C. Taxes, License & Fees	3.0
D. Underwriting Profit & Contingencies	5.0
E. Other (explain) <i>Investment Income</i>	-1.0
F. TOTAL	37.5%

- | | | |
|-----|-------------|-------------------------------------------------------------------------------------|
| 8. | <u>N</u> | Apply Lost Cost Factors to Future filings? (Y or N) |
| 9. | <u>0.0%</u> | Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): n/a |
| 10. | <u>0.0%</u> | Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): n/a |

NAIC LOSS COST FILING DOCUMENT—OTHER THAN WORKERS' COMPENSATION

CALCULATION OF COMPANY LOSS COST MULTIPLIER

(EFFECTIVE AUG. 16, 2004)

This filing transmittal is part of Company Tracking #	DE-CWI-AR-08-1RA
This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	

(X) Loss Cost Reference Filing __ ISO CM-2007-IMHB2, CM-2006-RLA1
Rate Filing

() Independent

(Advisory Org. & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

1. Check one of the following:

<input type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. Note: Some states have statutes that prohibit this option for some lines of business.
<input checked="" type="checkbox"/>	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Line, Subline, Coverage, Territory, Class, etc. combination to which this page applies 9.0 Inland Marine, 9.0005 Other Commercial Inland Marine

3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (Check One):

(x) Without Modification (factor = 1.000)

() With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.000

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-8 BELOW.

4. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.

		Selected Provisions	
A.	Total Production Expense	24.0	%
B.	General Expense	6.5	%
C.	Taxes, Licenses & Fee	3.0	%
D.	Underwriting profit & Contingencies (explain how investment income is taken into account)	5.0	%
E.	Other (explain) <i>Investment Income</i>	-1.0	%
F.	Total	37.5	%

5.	A.	A. Expected Loss Ratio: $ELR = 100\% - 4F = A$	62.5	%
	B.	B. ELR in Decimal Form =	0.625	
6.		Company Formula Loss Cost Multiplier (3B/5B)	1.6	
7.		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7)	1.6	
8.		Rate Level Change for the coverage(s) to which this page applies	0.0	

Commercial Inland Marine Loss Cost/LCM Filing

Delos Insurance Company has authorized ISO to file their commercial inland marine rules and forms on our behalf. At this time we are filing to adopt the latest unmodified ISO approved loss costs which we will use in conjunction with our Loss Cost Multiplier (LCM) of 1.60 that we are also filing at this time. We are taking this approach because this is a new program to the company and we do not have sufficient data and loss experience to deviate or justify any other loss costs at this time.